

PATENT

PATENT APPLICATION TRANSMITTAL

The Assistant Commissioner of Patents
Washington, D.C. 20231
Sir:

Transmitted herewith for filing is the patent application
under 37 CFR 1.53(b) of:

INVENTORS: Sai P. Sunkara

FOR: Method of Treating Cancer by Conjunctive
Therapy with 2'-Halomethylidene Derivatives and
a S-Phase or M-Phase Specific Antineoplastic
Agent

I hereby certify that this correspondence is being
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- ☒ If a CONTINUING Application, check appropriate box and supply the requisite information:
☒ Continuation ☐ Divisional ☐ Continuation-in-part
of prior application no: USSN 08/967,190, Filed 10/29/1997.
(The cross reference has been/will be inserted on page one of the specification).
- ☐ This application claims the benefit of U.S. Provisional Application No. _____,
filed _____. (The cross reference has been/will be inserted on page one of the specification).

Enclosed are:

- ☒ Specification [Total Pages 22 Pages, including Abstract]
- ☐ 0 Sheets/Pages of Drawing.
- ☐ Nucleotide and/or Amino Acid Sequence Submission:
☐ Computer Readable Copy ☐ Paper Copy ☐ Statement verifying identity of said copies.
- ☒ A Declaration ☐ Newly Executed (original or copy)
☒ Copy from a prior application (37 CFR 1.63(d))
- ☒ **Incorporation By Reference** (useable if filing a continuation/divisional and a copy of the declaration
from the prior application is enclosed.)
The entire disclosure of the prior application, from which a copy of the oath or declaration is
supplied, is considered as being part of the disclosure of the accompanying application and is
hereby incorporated by reference therein.
- ☒ Also enclosed:
Information Disclosure Statement w/1449 Form
Copy of Associate Power of Attorney
Preliminary Amendment

☐ This application is filed by fewer than all the inventors named in the prior application.


☐ DELETE the following inventor(s) named in the prior nonprovisional application:

CLAIMS AS FILED					
	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE (\$790.00)
	TOTAL CLAIMS	12 - 20	0	x \$ 22.00	0.00
	INDEPENDENT CLAIMS	1 - 3	0	x \$ 82.00	0.00
	MULTI-DEPENDENT CLAIMS(S), Per Application (\$270.00)				0
				TOTAL FILING FEE	\$790.00

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least one original independent claim has been retained for filing purposes).

☒ Please charge my Deposit Account No. **13-2764** in the amount of \$790.00.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper, for credit any overpayment to Account No. **13-2764**.
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Mark C. Nelligan/Reg. No. 36,389
Attorney/Agent for Applicant

Hoechst Marion Roussel, Inc.
2110 East Galbraith Road
P. O. Box 156300
Cincinnati, Ohio 45215-6300
Telephone (908) 231-2388
Telefax (513) 948-7961
948-4681

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